

CO 601-B

09/01/07

DATE: [CURRENT DATE]
TO: [PI NAME]
FROM: Sparrow Health System IRB
STUDY TITLE: [ID AND TITLE]
IRB REFERENCE #: [LOCAL IRB REFERENCE NUMBER]
SUBMISSION TYPE: [SUBMISSION TYPE]
ACTION: **CONDITIONALLY APPROVED**
APPROVAL DATE: [STATUS DATE]
EXPIRATION DATE: [EXPIRATION DATE]
REVIEW TYPE: [REVIEW TYPE]

Thank you for your submission of [SUBMISSION TYPE] materials for this research study. The Sparrow Health System IRB has **CONDITIONALLY APPROVED** your submission subject to the following conditions:

- *(list approval conditions here).*

Research activities in accordance with this submission may not begin until this office has received a response to these conditions, and issued final approval.

This study has received [REVIEW TYPE] based on the applicable federal regulation.

If you have any questions, please contact us at 517.364.2150 or via Email: irrc@sparrow.org. Please include your study title and IRB reference number in all correspondence with this office.

George S. Abela, MD, IRB Chairperson
Institutional Research Review Committee
Sparrow Health System

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within our records.

cc: *{We would like to have the name of the research coordinator or co-investigator listed here, if at all possible, but don't know what the "designation" would be}*